I. Name of Lobbyist(s)

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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JAN 2 6 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

Lucas S. Meyer, Andrew J. Hosmer

(N	lame of partnership, firm o	or corporation)		·- ·-
57 North Main	Street, PO Box 1318	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 410-1588	()	e-mail _lmeyer@	preti.com
(Telephone))	(Fax)		
III. This statement reportable expense	covers: (Choose one - transactions which ar	- file separate report: re not attributable to	s for each client, OR you many one client).	ay file a separate report t
X All reportable tra	ansactions occurring in	the months prior to th	ne reporting date relative to th	ne following client:
		Dyn Inc		
	(Full Name of Client	as it appears on the Lob	byist Registration Form)	
<u>OR</u>				
All reportable tra unrelated to any part		st (including the lobb	yist's family), or the lobbying	g firm listed below which a
IV. Date of Report	April 26, 2017		July 26, 2017	
Reports cover: acti	vity from date of registration to 3/31/17 activity from 4/1/17 to 6/30/17			
	October 25, 2017 activity from 7/1/17 to 9/30/17		January 31, 2018 <u>X</u> activity from 10/1/17 to 12/31/17	
	l, complete just this fori		ransactions made since t Secretary of State's Office, S	
VI. Check if addition	onal reports are attack	ned:		
If you have rece	ived fees or made expe	nditures, you must file	e Addendum A– Fees and E	xpenses
If you have paid Expense Reimburser		bursed expenses, you	must file Addendum B- Re	port of Honorariums or
If you, your firm	n, or your family has ma	ade political contribut	ions, you must file Addendu	m C- Political Contribution
Sworn Statement/A	ffirmation by Lobbyis	st	eby swear or affirm that the f	foregoing information is to
and complete to the	est of my knowledge a	and KSA 664 and her and belief.	edy swear or amirm that the i	ioregoing information is tr
			4/00/0040	
			1/22/2018	

STATE OF NEW HAMPSHIRE

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I. Name of Lobbyist	t(s)Lucas S.	Meyer, Andrew J. Hosm	ner	NEW HAMPSHIRE DEPARTMENT OF STATE
II. Name of lobbyis	t's partnership, fir	m or corporation, if a	ny:	
Preti Strategies	_	•	•	
(Na	ame of partnership, fir	rm or corporation)		
57 North Main	Street, PO Box 131	8 Concord	NH	03301
Business Address: (S	Street)	(Town/City)	(State)	(Zip Code)
(603) 410-1588		()	e-mail _lmeyer	@preti.com
(Telephone)		(Fax)	
		ne – file separate repoi n are not attributable i		may file a separate report for
All reportable tra	unsactions occurring	g in the months prior to	the reporting date relative to	the following client:
	(Full Name of Cli		obbyist Registration Form)	
<u>OR</u>	A an ivalle of Cli	ent as it appears on the LE	ooyist registration (omi)	
All reportable trai unrelated to any parti		byist (including the lob	obyist's family), or the lobby	ing firm listed below which are
IV. Date of Report Reports cover: activ	April 26, 2017 ivity from date of reg		July 26, 2017 activity from 4/1/17 to 6/30/	417
	October 25, 20 activity from 7/1/17		January 31, 2018 2 activity from 10/1/17 to 12/	
	, complete just this		e transactions made since he Secretary of State's Office	
VI. Check if additio	nal reports are att	ached:		
	•		ile Addendum A– Fees and	Expenses
If you have paid Expense Reimbursen		eimbursed expenses, yo	ou must file Addendum B-	Report of Honorariums or
If you, your firm	, or your family has	s made political contrib	utions, you must file Adden	dum C- Political Contributions
and complete to the b	RSA 15-B, RSA 14 best of my knowled	I-C and RSA 664 and h ge and belief.	ereby swear or affirm that th	ne foregoing information is true
(Signature of lobbying	ar2		1/22/2018	
(Signature of lobbyi	st)		<u> </u>	Date)
Lucas S. Meyer				